

**NOTIFICATION  
HAZARDOUS WASTE ACTIVITY FORM**

<b>GENERAL INFORMATION</b>
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Generator ID Number: \_\_\_\_\_

☐ Initial Notification      ☐ Subsequent Notification

Form Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

<b>HAZARDOUS WASTE ACTIVITIES</b>
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HWAP LOCATION	HWAP MANAGER	HWAP MANAGER TELEPHONE NUMBER
HWST LOCATION	HWST MANAGER	HWST MANAGER TELEPHONE NUMBER
HWSA LACATION	HWSA MANAGER	HWSA MANAGER TELEPHONE NUMBER

HWAP ACCUMULATION LOG							
INSTALLATION NAME					GENERATOR ID NO.		
HWAP MANAGER NAME					HWAP MANAGER TEL NO.		
CONTAINER TYPE		CONTAINER SIZE		WASTE TYPE		WASTE CHARACTERSITICS	
	Metal		55 Gallons		Liquid		Ignitable
	Plastic		30 Gallons		Solid		Corrosive
	Cardboard		5 Gallons		Semisolid		Reactive
							Toxic
WASTE NAME				WASTE CODES			
DATE	QUANTITY ADDED	INITIALS	DATE	QUANTITY ADDED	INITIALS	DATE	QUANTITY ADDED
Date container is full		Date of DPW Pre-Turn-In Inspection		Date of DRMO Pre-Receipt Inspection		Date of Shipment Off Site	
						DRMO	
						Contractor	
						HWSA	

HAZARDOUS WASTE LOG									
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[illegible]

<b>WEEKLY HWAP INSPECTION CHECKLIST</b>			
<b>INSTALLATION NAME</b>		<b>GENERATOR ID NO.</b>	
<b>HWAP MANAGER NAME</b>		<b>HWAP MANAGER TEL NO.</b>	
<b>DATE OF INSPECTION</b>		<b>TIME OF INSPECTION</b>	
<b>DESCRIPTION</b>		<b>YES</b>	<b>NO</b>
<b>1</b>	<b>Are all containers free of corrosion on the surface?</b>		
<b>2</b>	<b>Are all containers free of deformation (bulges, dents, or splitting seams)?</b>		
<b>3</b>	<b>Is the area near the container free of any evidence of spills?</b>		
<b>4</b>	<b>Are all containers closed?</b>		
<b>5</b>	<b>Are all containers marked with a bilingual hazardous waste marking?</b>		
<b>6</b>	<b>Are the wastes properly segregated?</b>		
<b>7</b>	<b>Are secondary containment systems free of defects and emptied of releases?</b>		
<b>8</b>	<b>Is spill response equipment provided?</b>		
<b>If any of the answers to the questions above is a NO, record your observations regarding the item(s) concerned and provide detailed information on the actions taken to correct the situation.</b>			
<b>OBSERVATIONS</b>			
<b>ACTIONS TAKEN</b>			

# DAILY HWST INSPECTION CHECKLIST

INSTALLATION NAME: \_\_\_\_\_

GENERATOR ID NUMBER: \_\_\_\_\_

HWST MANAGER: \_\_\_\_\_

HWST MANAGER TELEPHONE NUMBER: \_\_\_\_\_

	TANK (DAILY)	MON Date: <input type="text"/> Time: <input type="text"/>	TUE Date: <input type="text"/> Time: <input type="text"/>	WED Date: <input type="text"/> Time: <input type="text"/>	FRI Date: <input type="text"/> Time: <input type="text"/>	FRI Date: <input type="text"/> Time: <input type="text"/>
1	Does any piping system show signs of leaks, such as drips on the floor or rust stains around joints and elbows?	Y or N	Y or N	Y or N	Y or N	Y or N
2	Does the tank show signs of corrosion or leaks, such as rust on the exterior or stains on the floor?	Y or N	Y or N	Y or N	Y or N	Y or N
3	Does the secondary containment show signs of weakness, such as cracks, crumbling, or eroded concrete?	Y or N	Y or N	Y or N	Y or N	Y or N
4	For outdoor tank systems, is there any dead vegetation or stained soil outside the containment system?	Y or N	Y or N	Y or N	Y or N	Y or N
5	Is there any standing liquid inside the secondary containment area?	Y or N	Y or N	Y or N	Y or N	Y or N
6	Is the source of the cathodic protection system's impressed current operating properly?	Y or N	Y or N	Y or N	Y or N	Y or N
7	Volume of waste in tank (insert volume):					
8	Waste shipped off-site on this day? If YES, complete bottom portion of checklist.	Y or N	Y or N	Y or N	Y or N	Y or N

If any of the answers to the questions above is YES, record your observations regarding the item(s) concerned and provide detailed information on the actions taken to correct the situation.

OBSERVATIONS:

ACTIONS TAKEN:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date of Shipment Off Site

Quantity of Waste

# **MONTHLY HWST INSPECTION CHECKLIST**

**INSTALLATION NAME:** \_\_\_\_\_

**GENERATOR ID NUMBER:** \_\_\_\_\_

**HWST MANAGER:** \_\_\_\_\_

**HWST MANAGER TELEPHONE NUMBER:** \_\_\_\_\_

**INSPECTION: DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_

**DATE OF LAST INSPECTION:** \_\_\_\_\_

	TANK (MONTHLY)	<u>                    </u> (Enter Month)
1	Are emergency spill response materials either damaged, missing, or soiled?	Y or N
2	Is communication equipment either damaged, missing, or not functioning? Are batteries missing from two-way communication devices? Is the handset disconnected from the telephone? Is the dial tone absent from the telephone? ①	Y or N
3	Is decontamination equipment either damaged, missing, or soiled?	Y or N
4	Do fire extinguishers show either under pressure or overpressure?	Y or N
5	Was fire control material expended within the last month? Does material remain unreplenished? ①	Y or N
6	Are the handles or release mechanisms on the fire extinguishers damaged?	Y or N
7	Has the service card on any fire extinguishers expired?	Y or N
8	Is fire control equipment blocked from easy access?	Y or N
9	Are sources of impressed current to the cathodic protections system operating properly?	Y or N

If any of the answers to the questions above is YES, record your observations regarding the item(s) concerned and provide detailed information on the actions taken to correct the situation.

**OBSERVATIONS:**

**ACTIONS TAKEN:**

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① If “yes” to ANY one of the questions provided, mark answer as “Y”

# DAILY AND WEEKLY HWSA INSPECTION CHECKLIST

INSTALLATION NAME: \_\_\_\_\_

GENERATOR ID NUMBER: \_\_\_\_\_

HWST MANAGER: \_\_\_\_\_

HWST MANAGER TELEPHONE NUMBER: \_\_\_\_\_

	CONTAINERS (DAILY)	MON Date: <input type="text"/> Time: <input type="text"/>	TUE Date: <input type="text"/> Time: <input type="text"/>	WED Date: <input type="text"/> Time: <input type="text"/>	FRI Date: <input type="text"/> Time: <input type="text"/>	FRI Date: <input type="text"/> Time: <input type="text"/>
1	Are there any spills or stains in the area where waste containers are shipped and received?	Y or N	Y or N	Y or N	Y or N	Y or N
2	Are sumps full of liquids or overflowing? Are sump pumps continuously operating? Are sump pump motors burned out? ①	Y or N	Y or N	Y or N	Y or N	Y or N
3	Are warning signs either missing, damaged, or obstructed from view?	Y or N	Y or N	Y or N	Y or N	Y or N
4	Are security locks to the storage area either missing or damaged?	Y or N	Y or N	Y or N	Y or N	Y or N

	CONTAINERS (WEEKLY)	
1	Is there evidence of ANY corrosion on the surface of any container in storage?	Y or N
2	Is there evidence of ANY deformation (bulges, dents, or splitting seams) on any container in storage?	Y or N
3	Is there evidence of ANY spills on the floor near the containers?	Y or N
4	Is there evidence of ANY container leaking, such as visible leaks or strong odors in the containment area?	Y or N
5	Is each container marked with a HAZARDOUS WASTE label showing the name of the waste?	Y or N
6	Are all the containers in storage closed?	Y or N
7	Are containers stored so close to each other as to prevent unobstructed inspection of any container?	Y or N

If any of the answers to the questions above is YES, record your observations regarding the item(s) concerned and provide detailed information on the actions taken to correct the situation.

OBSERVATIONS:

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ACTIONS TAKEN:

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① If “yes” to ANY one of the questions provided, mark answer as “Y”

## MONTHLY HWSA INSPECTION CHECKLIST

INSTALLATION NAME: \_\_\_\_\_

GENERATOR ID NUMBER: \_\_\_\_\_

HWST MANAGER: \_\_\_\_\_

HWST MANAGER TELEPHONE NUMBER: \_\_\_\_\_

INSPECTION: DATE \_\_\_\_\_ TIME \_\_\_\_\_

DATE OF LAST INSPECTION: \_\_\_\_\_

	TANK (MONTHLY)	<u>                    </u> (Enter Month)
1	Are emergency spill response materials either damaged, missing, or soiled?	Y or N
2	Is communication equipment either damaged, missing, or not functioning? Are batteries missing from two-way communication devices? Is the handset disconnected from the telephone? Is the dial tone absent from the telephone? ①	Y or N
3	Is decontamination equipment either damaged, missing, or soiled?	Y or N
4	Do fire extinguishers show either under pressure or overpressure?	Y or N
5	Was fire control material expended within the last month? Does material remain unreplenished? ①	Y or N
6	Are the handles or release mechanisms on the fire extinguishers damaged?	Y or N
7	Has the service card on any fire extinguishers expired?	Y or N
8	Is fire control equipment blocked from easy access?	Y or N

If any of the answers to the questions above is YES, record your observations regarding the item(s) concerned and provide detailed information on the actions taken to correct the situation.

OBSERVATIONS:

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ACTIONS TAKEN:

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① If “yes” to ANY one of the questions provided, mark answer as “Y”





## PRE-TRANSPORTATION CHECK LIST

**Date:**

**Yes**

**No**

**1. Is the shipment accompanied by shipping papers from the point of origin to the final destination? (1348-1A)**

☐☐

**2. Has a MSDS or its equivalent has been attached to the shipping papers for each Hm/HW listed on the shipping papers?**

☐☐

**3. Is the vehicle driver briefed on the hazards of the materials being transported and carries in the vehicles an Emergency Response Kit**

☐☐

**4. Is the vehicle subject to a walk around inspection by supervisory personnel before and after the material is loaded?**

☐☐

**5. Is the shipment packaged, marked and labeled in accordance with Title 49 CFR, IATA regulations or the IMDG Code? 49CFR, IATA**

☐☐

**6. Is the vehicle NOT placarded?**

☐☐

**7. For Hms, has a HCWL (or equivalent information) placed on each container?**

☐☐

**8. Does the vehicle have a spill contingency kit on board consisting of adequate materials to properly respond to a possible release or spill?**

☐☐

**9. Are containers secured with straps, bracing, dunnage, etc?**

☐☐

**Driver's Signature**

**Shipper's Signature**

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**Tel:**

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**Tel:**

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## HAZARDOUS WASTE INVENTORY FORM

DATE: \_\_\_\_\_

INSTALLATION NAME: \_\_\_\_\_

GENERATOR ID NUMBER: \_\_\_\_\_

HWAP OR HWST MANAGER NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

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HAZARDOUS WASTE CURRENTLY ON SITE		
WASTE NAME	WASTE CODES	QUANTITY

HAZARDOUS WASTE SHIPPED OFF SITE		
WASTE NAME	WASTE CODES	QUANTITY